

8. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42790

State File No.

Registration District No. 373

Primary Registration District No. 6269

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural - Ozark Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x
(Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster ¹¹²
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ozark Township
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Mann Henslee

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Males 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x 6. (c) Age of husband or wife if alive x years
7. Birth date of deceased April - 7 - 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 8 18 x hr. x min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER, FATHER { 12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Stone (nephew)

(b) Address Rogersville Mo

17. (a) Burial (b) Date thereof 12-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Olive

18. (a) Signature of funeral director [Signature]

(b) Address marshfield Missouri

19. (a) 11/3/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1945 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 8 1944 to Dec. 24 1945
that I last saw him alive on Dec. 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Senility
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 7
Of autopsy 10
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury
23. Signature [Signature] 20
Address Marshfield Mo Date signed 1-2-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
0
0

1500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3312

P. O. Address Marshallfield, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.